STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155761	A. BUILDING _____ B. WING _____	03/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWNSBURG MEADOWS	2 EAST TILDEN BROWNSBURG, IN46112

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F0000	This visit was for a Recertification and State Licensure Survey. Survey dates: February 28, March 1, 2 & 3, 2011 Facility number: 011367 Provider number: 155761 AIM number: 200851590 Survey team: Marcy Smith RN TC Rhonda Stout RN Patti Allen BSW (March 1, 2 & 3, 2011) Leia Alley RN March 1, 2 & 3, 2011) Diane Dierks RN (March 3, 2011) Census bed type: SNF/NF: 101 SNF: 26 Residential: 11 Total: 138 Census payor type: Medicare: 34 Medicaid: 71 Other: 33 Total: 138 Sample: 24 Residential sample: 7 This deficiency also reflects state findings	F0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation a requests a Desk Review in lieu of a Post Survey Review on or after March 28, 2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	in accordance with 410 IAC 16.2. Quality review completed 3/8/11 by Jennie Bartelt, RN.			

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F0502 SS=D	Based on record review and interview, the facility failed to ensure laboratory services were drawn as ordered for 2 of 21 residents reviewed for laboratory services in a sample of 24. (Residents #91 and #47) Findings include: 1. The record for Resident #91 was reviewed on 3/2/11 at 10:00 a.m. Diagnoses for Resident #91 included, but were not limited to, hypertension, diabetes, hypothyroidism, diabetic gastroparesis (decreased ability to empty stomach contents related to diabetes). A recapitulated physician's order for March 2011, with an original date of 6/30/2010, indicated the resident was to receive a BMP (Basic Metabolic Panel) once a month. The BMP lab draw for January 2011 was missing from the	F0502	It is the practice of this provider to provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** The lab was contacted about Resident #91. His labs were re-instated by the lab. The orders for Resident #47 were reviewed with the lab to make sure the correct orders were recorded in their computer system. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** The facility obtained computer access to the labs computer system to do a house wide audit and compare physician's orders with the orders in the labs database to assure they matched. The pharmacy that provides the physicians rewrites also provided a current list of all physician labs orders and these were compared as well. The facility also requested the wording of the lab orders to be changed on the rewrites to create less confusion. The facility will utilize a lab tracking system. The Staff Development Coordinator completed three in-services on 3/16/11 and ongoing for licensed	03/28/2011

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	record, and the facility was unable to provide information about the lab draw. During an interview with the Executive Director on 3/2/11 at 11:00 a.m., she indicated the missing lab draw was because the lab tech came in and saw that the resident was no longer in the room and a different resident was there, so the lab technician assumed Resident #91 had been discharged and removed the resident from the list to have blood drawn. She indicated Resident #91 had been moved to a different room and the laboratory company should have asked if the resident had been discharged or moved to another room.		nurses with topics including a lab tracking system, writing lab orders, creating lab requisitions, and reviewing lab orders on re-writes. The facility is also researching lab company alternatives in the area that will service long term care facilities. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? The facility will utilize a lab tracking system. The Staff Development Coordinator completed three in-services on 3/16/11 and ongoing for licensed nurses with topics including writing lab orders, creating lab requisitions, and reviewing lab orders on re-writes. The facility is also researching lab company alternatives in the area that will service long term care facilities. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** A CQI tool for Lab Diagnostics has been initiated and will be completed by the Director of Nursing/Designee. This tool will be completed 3 times a week x 2 weeks, weekly x 4 weeks, and then monthly x 3 months. This CQI tool will be reviewed through the Quality Assurance team monthly.	

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F0502 SS=D	2. The record of Resident #47 was reviewed on 3/2/11 at 3:25 p.m. Diagnoses for Resident #47 included, but were not limited to, anemia, coronary artery disease and chronic obstructive pulmonary disease. A physician's order dated 1/5/11 indicated Resident #47 was to have a CBC (Complete Blood Count) and CMP (Comprehensive Metabolic Panel) drawn 1/6/11 and 1/13/11. There were no results for the lab draws ordered for 1/6/11 in the resident's record. Further information was requested from the Executive Director on 3/2/11 at 6:00 p.m. regarding results for lab draws ordered for 1/6/11. On 3/3/11 at 10:30 a.m. LPN #1, Unit Manager, indicated the order for the CBC and CMP for both 1/6/11 and 1/13 11 were sent on the same requisition to the lab. She indicated the labs on 1/13/11 were drawn but the labs for 1/6/11 were not drawn. 3.1-49(a)	F0502	It is the practice of this provider to provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** The lab was contacted about Resident #91. His labs were re-instated by the lab. The orders for Resident #47 were reviewed with the lab to make sure the correct orders were recorded in their computer system. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** The facility obtained computer access to the labs computer system to do a house wide audit and compare physician's orders with the orders in the labs database to assure they matched. The pharmacy that provides the physicians rewrites also provided a current list of all physician labs orders and these were compared as well. The facility also requested the wording of the lab orders to be changed on the rewrites to create less confusion. The facility will utilize a lab tracking system. The Staff Development Coordinator completed three in-services on 3/16/11 and ongoing for licensed	03/28/2011

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			nurses with topics including a lab tracking system, writing lab orders, creating lab requisitions, and reviewing lab orders on re-writes. The facility is also researching lab company alternatives in the area that will service long term care facilities. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? The facility will utilize a lab tracking system. The Staff Development Coordinator completed three in-services on 3/16/11 and ongoing for licensed nurses with topics including writing lab orders, creating lab requisitions, and reviewing lab orders on re-writes. The facility is also researching lab company alternatives in the area that will service long term care facilities. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** A CQI tool for Lab Diagnostics has been initiated and will be completed by the Director of Nursing/Designee. This tool will be completed 3 times a week x 2 weeks, weekly x 4 weeks, and then monthly x 3 months. This CQI tool will be reviewed through the Quality Assurance team monthly.	

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F0504 SS=D	Based on record review and interview the facility failed to ensure labwork was completed only upon physician's order for 1 of 21 residents reviewed for having their labwork done in a sample of 24. (Resident #107) Findings include: The record of Resident #107 was reviewed on 3/1/11 at 2:00 p.m. Diagnoses for Resident #107 included, but were not limited to, left calf deep vein thrombosis (blood clot), multiple sclerosis, neuropathy and lymphadenopathy. A recapitulated physician's order for March, 2011, with an original date of 12/3/10, indicated Resident #107 was to have a PT/INR (a blood test to measure how fast the blood clots) drawn weekly. Review of the resident's lab results for January and February 2011, indicated she had a PT/INR drawn on the following days: January 5, 10, 12, 17, 19, 24, 29 and 31, 2011, and February 2, 7, 9, 21 and 23, 2011. No other physician's orders were found in the resident's record for these additional lab draws.	F0504	It is the practice of this provider to provide or obtain laboratory services only when ordered by the attending physician. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** A meeting was held with the lab to review the orders of resident #107. The MD and family was notified regarding the lab draws.**How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All other residents who have lab orders have the ability to be affected. The facility obtained computer access to the labs computer system to do a house wide audit and compare physician's orders with the orders in the labs database to assure they matched. The pharmacy that provides the physicians rewrites also provided a current list of all physician labs orders and these were compared as well. The facility also requested the wording of the lab orders to be changed on the rewrites to create less confusion. The facility will utilize a lab tracking system. The Staff Development Coordinator completed three in-services on 3/16/11 and ongoing for licensed nurses with topics including a lab tracking system, writing lab orders, creating lab requisitions,	03/28/2011

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	Further information was requested from the Executive Director on 3/1/11 at 3:30 p.m. regarding why the additional PT/INR's were drawn for Resident #107. During interview on 3/3/11 at 10:00 a.m., the Executive Director indicated the reason the resident had so many labs drawn was because when the phlebotomists came to the facility to draw the labs, nurses, not knowing when the resident's scheduled lab draw day was, would indicate they did not have the results of the resident's weekly PT/INR yet. The phlebotomists would draw the resident's blood, thinking the nurse was asking them to. Then the lab would come a few days later, on the scheduled lab draw day, and draw it again, not knowing it had already been drawn that week. The Executive Director indicated at this time, "This is not a good thing. I'm talking to our lab rep [representative] about this." 3.1-49(f)(1)		and reviewing lab orders on re-writes. The facility is also researching lab company alternatives in the area that will service long term care facilities. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? The facility will utilize a lab tracking system. The Staff Development Coordinator completed three in-services on 3/16/11 and ongoing for licensed nurses with topics including writing lab orders, creating lab requisitions, and reviewing lab orders on re-writes. The facility is also researching lab company alternatives in the area that will service long term care facilities. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** A CQI tool for Lab Diagnostics has been initiated and will be completed by the Director of Nursing/Designee. This tool will be completed 3 times a week x 2 weeks, weekly x 4 weeks, and then monthly x 3 months. This CQI tool will be reviewed through the Quality Assurance team monthly.	